

**DEPARTMENT OF INSURANCE**

ADMINISTRATION AND LICENSING SERVICES BRANCH

PRODUCER LICENSING BUREAU

ATTENTION: LLC PROCESSING

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(916) 327-8118 (FAX)

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**Annual Certification of Coverage for Limited Liability Companies**  
Per Section 1647.5 of the California Insurance Code

For purposes of satisfying the security requirements of Section 1647.5 of the California Insurance Code (CIC), all Limited Liability Companies must annually provide evidence of financial security compliance. If an error and omission liability insurance policy or policies are being maintained to meet the financial security requirements under Section 1647.5 CIC, the amount required is a minimum of five hundred thousand dollars (\$500,000) which is at least one hundred thousand dollars (\$100,000) multiplied by the number of licensees rendering professional services on behalf of the LLC. However, the maximum amount is not required to exceed five million (\$5,000,000) dollars.

This certification form is to be used when filing annual confirmations, as required by Section 1647.5(c) CIC, if the security requirements are satisfied wholly or in part, with an insurance policy. **Please return this completed form to the address or fax number shown above. (This form must be completed and signed by a representative of the insurance company only.)**

I hereby certify that the insurance company listed below has issued a policy or policies of insurance as follows (policy must name the limited liability company as named insured):

Insured Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Policy Number (s): \_\_\_\_\_

LLC Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Specify whether: Blanket Policy ☐ or Individual Policy ☐

Specify number of licensees rendering professional services: \_\_\_\_\_

I hereby certify that the Limited Liability Company named above is insured against claims arising from errors and omissions as defined and described in the amounts and limits set forth in Section 1647.5 of the California Insurance Code. I understand and agree that the insurance coverage for the entity and person (s) insured under this policy or policies may not be terminated, canceled, or non-renewed, regardless of cause or reason, without providing written notice to the Commissioner within ten (10) days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be an Insurance Company Representative and not a member, manager or officer of the LLC.)

Title: \_\_\_\_\_